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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).											
i hereby appoint:											
x Practitioners associated with the Cus			tomer Number;		25006						
OR Providence (a) nemed below (15 mars by the state of t											
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):											
	Name			Registration Number		Name			Registration Number		
as altorray(s) or agent(s) to represent the undersigned before the United States Petent and Trademark Office (USPTO) in connection with any and all petent applications assigned only to the underlighted according to the USPTO assignment records or assignment documents altached to lits form in accordance with 37 CPR 3.73(b).											
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:											
x The address associated with Customor Number: 25006									,		
OR				L							
Firm or Individual Name											
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City				State	<u> </u>		Zip				
Country				Telephone			Email				
Assignee Name and Address:											
2C A/S GI. Lundtoflevej 1 DK-2800 Lyngby Denmark											
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/95 or equivalent) is required to be flied in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.											
SIGNATURE of Assignae of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee											
Signature	-	21	1					BER		2009	
Name	CH	IR.	CASPE	RSEN		Telephon	e+45	7027	4200		
Title	l A	612	DIREC	TOR							